



# FIRST STEPS 18 MONTH NOTICE TO LOCAL EDUCATIONAL AGENCY (LEA)

State Form 51669 (R2 / 3-05) / BCD 0102



First Steps

\_\_\_\_\_  
Date (month, day, year)

\_\_\_\_\_, Public School Representative

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Address (number and street, city, State, ZIP code)

Dear \_\_\_\_\_,

First Steps has been serving the following child from your school district.

☐ Parental Consent (Note: If Parental Consent is given, attach Reciprocal Consent to Release and Share Information Form. Proceed to complete all information in this box.)

Name of child		Date of birth (month, day, year)	
Diagnosis / area of concern		Child's ZIP code	School district of residence
Current First Steps Services Check all that apply: <input type="checkbox"/> DT <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST <input type="checkbox"/> Other			

☐ No Parental Consent is given at this time. (Note: If **No** Parental Consent is given, **No** identifiable information is to be shared. Proceed to complete all information in this box. The information below will be shared with the LEA for all eligible First Step children when they are 18 months of age.)

Child's <u>year</u> of birth (only)	
Diagnosis / area of concern	Child's ZIP code
Current First Steps Services Check all that apply: <input type="checkbox"/> DT <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST <input type="checkbox"/> Other	

This information is being provided to assist you in your planning. Formal referrals to your school district will continue to be made on an individual basis six months prior to the child's third birthday.

Sincerely,

Service Coordinator